

Data Collection Form		July 2013
<010> Study Area Code	401724	
<015> Study Area Name	SW ARKANSAS TEL COOP	
<020> Program Year	2016	
<030> Contact Name: Person USAC should contact with questions about this data	Tina Moore	
<035> Contact Telephone Number: Number of the person identified in data line <030>	8706537133 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	tinam@swatcom.com	

  

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<i>(attach descriptive document)</i>			
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<i>(attach descriptive document)</i>			
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">401724ar510.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">401724ar610.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">401724ar1010.pdf</div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

  

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	401724
<015> Study Area Name	SW ARKANSAS TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Tina Moore
<035> Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tinam@swatcom.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

401724ar112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

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<030>	Contact Name - Person USAC should contact regarding this data	Tina Moore
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<038>	Contact Email Address - Email Address of person identified in data line <030>	tinam@swatcom.com

Page 3

<010>	Study Area Code	401724
<015>	Study Area Name	SW ARKANSAS TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Moore
<035>	Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina@swatcom.com
<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

Page 4

<010>	Study Area Code	401724
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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Moore
<035>	Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tinam@svatcoo.com

-- See attached worksheet --



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	401724
<015>	Study Area Name	SW ARKANSAS TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Moore
<035>	Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tinam@swatcom.com
<810>	Reporting Carrier	Southwest Arkansas Telephone Cooperative, Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Southwest Arkansas Telephone Cooperative, Inc.

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	401724
<015>	Study Area Name	SW ARKANSAS TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Moore
<035>	Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tinam@swatcom.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

--

&lt;920&gt; Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	401724
<015>	Study Area Name	SW ARKANSAS TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Moore
<035>	Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tinam@swatcom.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).



**(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	401724
<015>	Study Area Name	SW ARKANSAS TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Moore
<035>	Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tinam@swatcom.com

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

401724ar1210.pdf

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |  |                                     |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b> Study Area Code	
<b>&lt;015&gt;</b> Study Area Name	401724
<b>&lt;020&gt;</b> Program Year	SW ARKANSAS TEL COOP
<b>&lt;030&gt;</b> Contact Name - Person USAC should contact regarding this data	2016
<b>&lt;035&gt;</b> Contact Telephone Number - Number of person identified in data line <030>	Tina Moore
<b>&lt;039&gt;</b> Contact Email Address - Email Address of person identified in data line <030>	0706537133 ext. tina@swtelcoop.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

- Incremental Connect America Phase I reporting**
- <2010>** 2nd Year Certification (47 CFR § 54.313(b)(1)(i))
- <2011a>** 3rd Year Certification (47 CFR § 54.313(b)(1)(ii))
- <2011b>** Attachment (47 CFR § 54.313(b)(1)(iii))


Name of Attached Document(s) Listing Required Information

- Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**
- <2012>** 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
- <2013>** 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
- <2014>** 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
- <2015>** 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))


- Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**
- <2016>** Certification Support Used to Build Broadband

--

- Connect America Phase II Reporting (47 CFR § 54.313(e))**
- <2017>** 3rd year Broadband Service Certification
- <2018>** 5th year Broadband Service Certification
- <2019>** Interim Progress Certification


- <2020>** Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

--

- <2021>** Interim Progress Community Anchor Institutions

--

Name of Attached Document(s) Listing Required Information

<b>(3000) Rate Of Return Carrier Additional Documentation</b> Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	401724
<015> Study Area Name	SW ARKANSAS TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Tina Moore
<035> Contact Telephone Number - Number of person identified in data line <030>	8706517133 ext.
<035> Contact Email Address - Email Address of person identified in data line <030>	tina@swatc.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
 (3014) If yes, does your company file the RUS annual report

(Yes/No)  
 (Yes/No)

☒ Yes  
☒ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒  
☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

401724ar3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☒ Yes  
☒ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  
 (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

☐  
☐  
☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

## (3000) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	401724
<013> Study Area Name	SW ARKANSAS TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Tina Hooper
<035> Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tinam@swat.com.com

## Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	401724
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<030> Contact Name - Person USAC should contact regarding this data	Tina Moore
<035> Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tinam@swatcom.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	401724
<015> Study Area Name	SW ARKANSAS TEL COOP
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<030> Contact Name - Person USAC should contact regarding this data	Tina Moore
<035> Contact Telephone Number - Number of person identified in data line <030>	8706537133 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tinam@swatcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Larry Frazier</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Larry Frazier
Name of Reporting Carrier:	SW ARKANSAS TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/22/2015
Printed name of Authorized Officer:	Sherri Knigge
Title or position of Authorized Officer:	Compliance Officer
Telephone number of Authorized Officer:	8706538222 ext.
Study Area Code of Reporting Carrier:	401724 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	SW ARKANSAS TEL COOP
Name of Authorized Agent or Employee of Agent:	Larry Frazier
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/22/2015
Printed name of Authorized Agent or Employee of Agent:	Larry Frazier
Title or position of Authorized Agent or Employee of Agent:	Agent
Telephone number of Authorized Agent or Employee of Agent:	4794955881 ext.
Study Area Code of Reporting Carrier:	401724 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**From:** Form481@usac.org [mailto:Form481@usac.org]  
**Sent:** Monday, June 22, 2015 11:30 AM  
**To:** Sherri Knigge  
**Subject:** Form 481 Certification Confirmation



### Form 481 Certification Confirmation

**Congratulations. Your filing has been successfully certified.**

**Filing Number: 1**

**Certification Date and Time: Mon Jun 22 12:29:40 EDT 2015**

**Filing Created By: [sherrik@swatco.com](mailto:sherrik@swatco.com)**

**SAC: 401724**

**SPIN: 143002274**

**Carrier: SW ARKANSAS TEL COOP**

**Program Year: 2016**

This is a system generated email.  
Please do not respond to this message.

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USAC | 2000 L Street NW | Suite 200 | Washington, DC 20036

## Attachments



[illegible]



[illegible]

## Southwest Arkansas Telephone Cooperative

### Response to Lines 500-510 - Service Quality Standards and Consumer Protection Rules

#### Compliance

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

**Southwest Arkansas Telephone Cooperative, Inc.** (“Company”) hereby certifies that, in Arkansas, it complies with applicable service quality standards and consumer protection rules established by the Arkansas Public Service Commission and detailed in the Telecommunication Provider Rules. Specifically, sections 1.09, 1.10, 1.11, 1.12, and 2.0 address the following obligations which include, but are not limited to: 1.09 Service Availability, 1.10 Safe and Adequate Service, 1.11 Construction Standards, 1.12 Facility Identification and Section 2.0, which details consumer billing rules and regulations. Furthermore, Company is subject to cyclical compliance reviews by the Arkansas Public Service Commission Telecommunications

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

Utilities and Quality of Service Section. In Texas, Company hereby certifies that it complies with applicable service quality standards and consumer protection rules under the Texas Administrative Code, Title 16, Part II, as established by the Public Utility Commission of Texas. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff which discloses rates, terms and conditions of service to customers pursuant to Subchapter J requirements in Sections 26.201-26.230; (2) adherence to state consumer protection requirements governing telephone providers as identified in Subchapter B, in Sections 26.21-26.37; and (3) service quality standards requirements as identified in Subchapter C, Sections 26.51 -26.57.

In addition, the Company complies with numerous federal consumer protection standards including, but not limited to: (1) Truth-in-Billing Rules outlined in 47 CFR § 64.2401; and (2) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Furthermore, Southwest Arkansas Telephone Cooperative, Inc. hereby certifies it will apply the same service quality standards that it currently applies to Voice service to Broadband services also, as is applicable to 47CFR 54.313.(a)(5)